



GEORGIA BOARD OF MASSAGE THERAPY

237 Coliseum Drive, Macon, Georgia 31217-3858

(478) 207-2440 (Telephone) * www.sos.state.ga.us/plb/massage

APPLICATION TO REACTIVATE LICENSE

**Note: If your license has been in inactive status for more than 5 years
DO NOT USE THIS FORM - YOU MUST SUBMIT A REINSTATEMENT
APPLICATION**

\$75.00 Non-Refundable Fee

- Please type or print legibly.
- Your Application to reactivate must be **complete** with all required information, documentation, background check and fee, before it will be reviewed by the Board.
- Attach documentation of Continuing Education hours, accrued according to Board Rule Chapter 345-4-.02. This documentation should include a certificate of completion and a description of the continuing education activities, completed within 1 year of date of application to reactivate.
- **Individuals reactivating a license that's been in "inactive status" for more than five (5) years must meet the requirements set forth in Board rule 345-4-.05 and file a Reinstatement Application - DO NOT SUBMIT THIS FORM.**
- Non-refundable application fee of \$75.00 must be made payable to the Georgia Massage Therapy Board. Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20. Applications are only valid for (1) one year.
- ALL APPLICANTS MUST COMPLETE A CRIMINAL BACKGROUND CHECK – see page 2 of this application.

LEGAL NAME: _____
Last First Middle Maiden
_____/_____/_____
*Social Security Number Date of Birth

*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. 19-11-1 and O.C.G.A. 20-3-295, 42 U.S.C.A. 551 and 20 U.S.C.A. 1001.

PHYSICAL ADDRESS: _____
& Street (**P.O. Box **not** acceptable) City State Zip Code
**(P.O. Boxes are not acceptable – If you are granted a license, your name, mailing address and license number are public information and your mailing address will appear on the internet. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change).*

MAILING ADDRESS (IF DIFFERENT): _____
& Street, P.O. Box Is Acceptable City State Zip Code

Telephone Number-Day Telephone Number-Evening ***Email Address

***Acknowledgement of your application will be sent by e-mail. Also, if any additional information is needed, e-mail is the most efficient way for the Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any e-mail address change. **YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.**

Have you worked in any capacity for compensation as a massage therapist since placing your license in "Inactive" status in Georgia? __ Yes __ No

PART I – STATEMENT OF APPLICANT

I hereby apply to reactivate my license type _____ License Number: _____,

Issued on: _____ and placed in inactive status _____.
Month/Day/Year Month/Day/Year

Continuing Education I attest that I have completed/obtained the continuing education requirements (24 Hours, 12 of which must be "hands on"), as the Board's CE rule 345-4-.02(1) requires. **You must submit copies of all CE certificates, as outlined in Board Rule.**

(Signature of Applicant)

(Date)

PART II – PROFESSIONAL BACKGROUND

INSTRUCTIONS:

- For the following questions, the terms “license”, “registration” and “certification” are synonymous.
- If your answer is “yes” to any question, attach a written detailed explanation and supporting court documents of the current status or the final disposition of your case.

☐ Yes ☐ No Do you now hold, or have you in the past held anywhere a professional license?

Type of License: _____

State: _____ License# _____

Date Issued: _____ Expiration Date: _____

Type of License: _____

State: _____ License# _____

Date Issued: _____ Expiration Date: _____

☐ Yes ☐ No Have you been denied professional licensure or renewal because of a license disciplinary proceeding in Georgia or any other state?

☐ Yes ☐ No Have you knowingly failed to renew a license during investigation or disciplinary action?

☐ Yes ☐ No Have you ever had a license to practice any profession revoked, suspended or annulled or otherwise disciplined, including by private order?

☐ Yes ☐ No Have you been subject to disciplinary action or had your membership revoked by any professional organization?

☐ Yes ☐ No Have you been convicted of any criminal offense?

☐ Yes ☐ No Have you been arrested, charged, and sentenced for the commission of any felony or any crime involving moral turpitude?

☐ Yes ☐ No Have you been the defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded expenses?

☐ Yes ☐ No Are you currently unable to practice safely as a result of use of alcohol, drugs, narcotics, chemicals or any other type of material, or as a result of any mental or physical condition?

☐ Yes ☐ No Have you previously applied for the same license for which you are currently applying? If “yes” name under which application was submitted: _____

IMPORTANT: A BACKGROUND CHECK IS REQUIRED TO REACTIVATE A LICENSE

NOTE: YOUR APPLICATION FOR LICENSURE REACTIVATION CANNOT BE PROCESSED WITHOUT THE CRIMINAL BACKGROUND CHECK HAVING BEEN COMPLETED

All applicants must go through Georgia Applicant Processing Services (or GAPS): The process each applicant MUST follow is:

- Go to this website to register: <http://www.ga.cogentid.com/index.htm>;
- Under the **Registration** tab, click on the “**Single Applicant Registrations**” link;
- The registration online application form will ask you for the following information:
 - The **OAC** number to use when registering is **GAP236907**.
 - The Verification Code is **mt737**.
 - The Reason for registering is **Private Employment-GA Check Only**.

NOTE: APPLICANTS **NOT** LIVING IN THE STATE OF GEORGIA WILL NEED TO SUBMIT THE “CONSENT FORM” WITH THEIR APPLICATION MATERIALS. THE FORM IS AVAILABLE ON THE SAME SITE THIS APPLICATION WAS PRINTED FROM, www.sos.ga.gov/plb/massage. BOARD STAFF, UPON RECEIPT OF THE FORM, WILL SUBMIT THE REQUEST FOR A BACKGROUND CHECK FOR ALL **NON-RESIDENTS** OF GEORGIA.

PART III – AFFIDAVIT

YOU MUST SIGN THIS AFFIDAVIT IN THE PRESENCE OF A NOTARY

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia Board of Massage Therapy, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

- 1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on pages 4 & 5 of this application.**
- 2) _____ I am **not** a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number (See pages 4 & 5 of this application).**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia Board of Massage Therapy and/or criminal prosecution.

**AFFIX ORIGINAL
PASSPORT PHOTO
OF APPLICANT
(2" x 2")
(taken within the last
six months)**

Signature of Applicant

Date

Sworn to and subscribed before me this

_____ day of _____, 20____

(Notary Seal)

Notary Public Signature

My commission expires: _____

Note to Notary: Passport photo must be attached and application should be signed with proper ID.

**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS.
RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.**

License Applied For: Massage Therapist

Name (Please print clearly)

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “not later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>
[O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- _____A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- _____A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- _____A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. §50-36-2(b)(3); 22 CFR § 41.2]
- _____A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36- 2(c)]